2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000049717** Sep 15, 2000 8:00 am 1. Entity Name Secretary of State SANTI'S WEAR COMPANY 09-15-2000 90017 023 ***550.00 Principal Place of Business Mailing Address 3250 SW 23 STREET 3250 SW 23 STREET MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business Mailing Address 9511 FOUNTAIN Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 107 Applied For --.-City & State 4. FEI Number 65-093 Not Applicable MALL Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LLAMA BELTRAN, LILIANA Street Address (P.O. Box Number is Not Acceptable) 3250 SW 23 STREET MIAMI FL 33145 TOUNTAINBLUE 8. The above nar entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete ☐ Addition TITLE TITLE PIDIT Change NAME NAME BELTRAN, LILIANA BELTRAN, STREET ADDRESS STREET ADDRESS -101 3250 SW 23 STREET 9511 FOUNTAIN CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** MIAMI; Change Addition TITLE TITLE ☐ Delete HERNANDEZ, ALBERT HERNANDEZ, ALBERT IVAN BLVD MAME NAME 9711 FOUNTAIN BLUE STREET ADDRESS STREET ADDRESS 3250 SW 23 STREET CITY-ST-ZIP+ CITY-ST-ZIP. MIAMI FL 33145 ---☐ Change ☐ Addition TITLE **X** Delete TITLE NAME DELGADO, GLORIA NAME STREET ADDRESS 3250 SW 23 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empewered this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: